

PERSONNEL ADMINISTRATIVE INSTRUCTIONS

Subject: Employee Educational Assistance Program (EEAP)

I. **STATEMENT OF PURPOSE:** The Employee Education Assistance Program, hereafter referred to as EEAP, is intended to encourage employee development through the pursuit of educational programs leading to a degree; skilled craft or trade training leading to a certificate or license; or coursework to renew and update skills. This program is further intended to benefit those employees and the city by allowing the participants to broaden their backgrounds, improved job knowledge, better prepare themselves to meet community needs and advance within the organization. The program is not intended to replace specific training courses provided by the Department of Human Resources and the individual city departments.

II. **PROGRAM ADMINISTRATION:** Educational assistance is primarily intended for the reimbursement of tuition and book expenditures; however, other costs will be reviewed upon request (application fees, travel costs, transcripts, or graduation fees are not reimbursable under the program). Assistance will be made on a reimbursement basis only upon successful completion of course work. A grade of "C" or better must be obtained in all undergraduate programs and other related course work. A grade of "B" or better must be obtained in all graduate courses to qualify for reimbursement. In the degree program only, the maximum loan will be for the costs associated with the completion of 24 semester hours (or their equivalent) in a 12 calendar month period.

A. **Midyear Funding:** If funds become available during the calendar year, such funds may be offered to applicants whose funding requests were not previously granted or by competitive process as determined by the funding committee.

III. **APPLICATION PROCESS:** Applicants to the program may apply for assistance in one or two areas. Applicants who want to apply for assistance in obtaining an academic degree would request assistance through the DEGREE PROGRAM. Applicants requesting assistance to obtain certifications, licensure, or to update skills should apply to the SKILLS DEVELOPMENT PROGRAM. A committee appointed by the City Manager will review applications and determine funding awards for each of these programs. A competitive process will be held at least once a year, except in the case of mid-year funding or additional competitions as provided for above (exact dates to be announced). The number of participants and the amount awarded will be dependent on the funds budgeted in that particular year. Priority will be given to individuals previously accepted into the program. Acceptance in one year does not, however, guarantee continued funding in future years.

A. **Eligibility Criteria for Degree Program:** In order to be eligible for educational assistance in the degree program, an employee must meet the following minimum criteria:

1. The employee must be in a permanent full-time or permanent part-time position, and must have completed the equivalent of 3 years of full-time service (6240 hours) with the city by the time of the award.
2. The employee must be enrolled and/or provisionally accepted as a degree seeking student at an accredited institution.
3. The employee's most recent performance rating of record must be satisfactory or better as of the date of the award and throughout participation in the program. An employee may be dropped from the program if he/she receives a less than satisfactory overall performance rating.

B. Eligibility Criteria for Skills Development Program: In order to be eligible for educational assistance in the skills development program, an employee must meet the following minimum criteria;

1. The employee must have completed the equivalent of 1 year of full-time service (2080 hours) with the city by the time of the award.
2. First consideration will be given to employees in a permanent full-time or permanent part-time position. If there are remaining funds, consideration may be given to WAE personnel.
3. The employee's most recent performance rating of record must be satisfactory or better as of the date of the award and throughout participation in the program. An employee may be dropped from the program if he/she receives a less than satisfactory overall performance rating.

C. Criteria for Ranking All Applicants: The following criteria will be used to rank all candidates after their eligibility for either program has been determined:

1. Consideration will be given to candidates who have already demonstrated substantial commitment to their educational goals by their record of school attendance prior to application into this program.
2. Consideration will be given to employees who have demonstrated their commitment to the organization either in their current positions or in other city related activities.
3. Consideration will be given to applicants who are seeking a degree, license, or certificate which has been determined relevant and desirable in terms of future city needs.

IV. OTHER REQUIREMENTS: If an employee resigns or is terminated from employment with the city prior to the completion of previously approved course work, they will not be eligible to receive reimbursement.

A. Program Dropouts: Employees accepted for the EEAP who do not fulfill their original education plans or agreement (such as consistently unacceptable grades, dropping, canceling classes without informing the EEAP committee, or failure to attend class) may be dropped from the program at the discretion of the committee and will be required to re-apply in order to receive additional funding. Participants may also be dropped from the program in cases where they remain in a leave without pay or other non-work status for thirty days or more.

b. Application Requirements: Applications for both programs are available in the Department of Human Resources and are accepted for processing during the month of April of each year. Funding of this program is based on the fiscal year beginning in July. Any approval for assistance prior to that date is contingent upon the funding of this program each July. Additional competitions may be announced by the EEAP committee. Specific dates of the application period will be announced each year by the Department of Human Resources. Applications must be filled out completely prior to committee review or they will be subject to rejection. Responsibility for obtaining all required information (including signatures), meeting program requirements and submitting the application on time is solely that of the applicant.

APPLICATION
HAMPTON EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM
DEGREE PROGRAM

Please complete and return this application to the Department of Human Resources no later than May 15, 2000. The Employee Education Assistance Program (EEAP) Committee will review all applications and you will be notified as to its decision regarding your application. For complete details on the program, please request a copy of the Personnel Administrative Instruction entitled Employee Educational Assistance Program (PAI 1, Chapter 1, Section III, A, 2). Failure to comply with all application requirements and/or procedures may result in your disqualification for the program.

I. General Information

- A. Name: _____
- B. Telephone: Home _____ Work _____
- C. Date of Application: _____
- D. Department: _____
- E. Employment Date: Month _____ Day _____ Year _____
- F. Position Title: _____
- G. Name of School/Institution: _____
- H. Have You Been Accepted? Yes _____ No _____
(If acceptance is conditional, please attach verification from institution)
- I. Is School Accredited? _____ By What Agency? _____
- J. Degree Sought: _____ Major(s) _____
Example: (B.S.) Example: (Business Management)
- K. Number of Credits completed Toward Degree:
Quarter Hours _____ Semester Hours _____
- L. Number of Credits Remaining for Degree:
Quarter Hours _____ Semester Hours _____
- M. Expected Date of Completion of Degree Requirements: _____

N. Amount and type of funding assistance received prior to this application from any source:

O. Are you eligible to receive educational funding from any source for the 12 months covered by this application? No _____ Yes _____

From What Source(s)? _____

II. Itemized Funding Request

List the costs for which you are requesting assistance. All expenses reimbursable under the program must be incurred within 12 calendar months after the application deadline for the current fiscal year.

A. Tuition Costs:

Number of Credits: _____ X \$ _____ = \$ _____
Cost per Credit Hour

B. Cost of Books \$ _____

C. Other Costs (be specific) \$ _____

\$ _____

\$ _____

TOTAL: \$ _____

III. Narrative - (Please attach this response to your application form.)

A. Please explain why you wish to obtain the degree you seek. Include in your response the benefits you will personally derive and the benefits your department or the city organization can expect to receive.

B. Explain the ways in which you have demonstrated commitment to the organization either in your current position or in other city-related activities.

IV. Transcripts

If you have taken any courses for credit during the preceding 12 months, please attach transcripts.

V. Terms and Conditions

I have read and understand the rules governing the Employee Educational Assistance Program. The statements made as a part of this application are true to the best of my knowledge and belief.

I understand that if I resign or am terminated from employment with the City of Hampton prior to the completion of approved coursework, I will not be eligible to receive reimbursement for that coursework.

I also understand that I may be determined ineligible for the Employee Educational Assistance Program if I remain in a leave without pay or other non-work status for 30 working days or more during the period of time covered by this agreement.

Employee's Signature

Date

IV. Statement of Department Head

(Applicant is responsible for obtaining department head's signature prior to submission to the Department of Human Resources.)

A. Most recent overall performance rating:

Unsatisfactory ____ Fair ____ Satisfactory ____ Very Good ____ Outstanding ____

B. In your opinion, has this employee demonstrated the desire and the ability to advance within the organization? Yes _____ No _____

C. Do you recommend for educational assistance? Yes _____ No _____

At the requested level? Yes _____ No _____

At some other level? Yes _____ No _____

If yes, at what level? _____

D. Will the department contribute any funding?

No _____ Yes _____ Amount \$ _____

Department Head's Signature

Date

Human Resources Representative

Date received in
Human Resources

APPLICATION
HAMPTON EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM
SKILLS DEVELOPMENT PROGRAM

Please complete and return this application to the Department of Human Resources no later than May 15, 2000. The Employee Education Assistance Program (EEAP) Committee will review all applications and you will be notified as to its decision regarding your application. For complete details on the program, please request a copy of the Personnel Administrative Instruction entitled Employee Educational Assistance Program (PAI 1, Chapter 1, Section III, B, 2). Failure to comply with all application requirements and/or procedures may result in your disqualification for the program.

I. General Information

- A. Name: _____
- B. Telephone: Home _____ Work _____
- C. Date of Application: _____
- D. Department: _____
- E. Employment Date: Month _____ Day _____ Year _____
- F. Position Title: _____
- G. Name of School/Institution: _____
- H. Have You Been Accepted? Yes _____ No _____
(If applicable)
- I. Certificate, License, or Courses Sought: _____
- J. Number of Credits completed Toward Certificate/License: _____
(If applicable)
- K. Number of Credits Remaining for Certificate/License: _____
(If applicable)
- L. Expected Date of Completion of Program/Course: _____
(If applicable)
- M. Amount and type of funding assistance received prior to this application from any source:

N. Are you eligible to receive educational funding from any source for the 12 months covered by this application? No _____ Yes _____

From What Source(s)? _____

II. Itemized Funding Request

List the costs for which you are requesting assistance. All expenses reimbursable under the program must be incurred within 12 calendar months after the application deadline for the current fiscal year.

A. Tuition Costs:

FOR CERTIFICATE/LICENSING PROGRAMS-

Number of Credits: _____ X \$ _____ = \$ _____
Cost per Credit Hour

-OR-

Number of Courses: _____ X \$ _____ = \$ _____
Cost per Course

B. Cost of Books \$ _____

C. Other Costs (be specific) \$ _____

\$ _____

\$ _____

TOTAL: \$ _____

III. Narrative - (Please attach this response to your application form.)

A. Please explain how this certificate, license, or courses which you seek will benefit you and the city organization.

- B. In what ways have you shown your commitment to the organization either in your current position or in other city-related activities?

IV. Transcripts

If you have taken any courses for credit during the preceding 12 months, please attach transcripts.

V. Terms and Conditions

I have read and understand the rules governing the Employee Educational Assistance Program. The statements made as a part of this application are true to the best of my knowledge and belief.

I understand that if I resign or am terminated from employment with the City of Hampton prior to the completion of approved coursework, I will not be eligible to receive reimbursement for that coursework.

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Employee's Signature

Date

IV. Statement of Department Head

(Applicant is responsible for obtaining department head's signature prior to submission to the Department of Human Resources.)

A. Most recent overall performance rating:

Unsatisfactory ____ Fair ____ Satisfactory ____ Very Good ____ Outstanding ____

B. In your opinion, has this employee demonstrated the desire and the ability to advance within the organization? Yes _____ No _____

C. Do you recommend for educational assistance? Yes _____ No _____

At the requested level? Yes _____ No _____

At some other level? Yes _____ No _____

If yes, at what level? _____

D. Will the department contribute any funding?

No _____ Yes _____ Amount \$ _____

Department Head's Signature

Date

Human Resources Representative

Date received in
Human Resources